

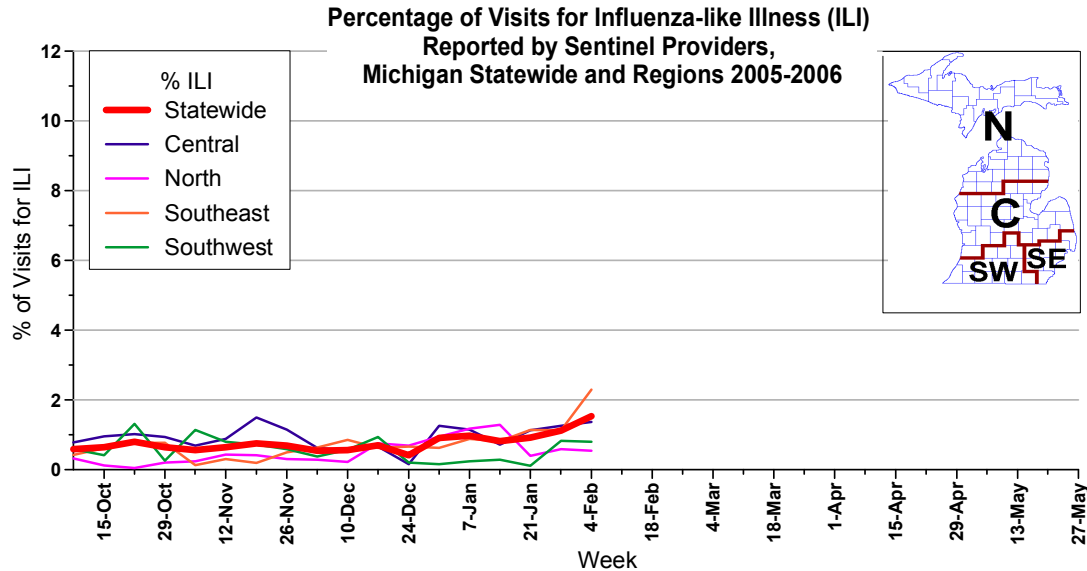
MiFluFocus
February 09, 2006
Weekly Influenza Surveillance

Michigan Disease Surveillance System: Flu-like illness activity, as reported in MDSS, increased since last week, as would be expected at this time of year. However, this level is significantly decreased compared to the same week in February 2005.

Emergency Department Surveillance: As expected, emergency department visits due to both constitutional and respiratory complaints continued to increase over the past week. Both indicators behaved similarly, with steady overall increases in activity and without any large spikes in activity. Compared to the same week last year, the level of emergency department visits due to constitutional complaints is decreased, while that due to respiratory complaints is similar. Over the past week, no statewide alerts were generated for either emergency department indicator.

Over-the-Counter Product Surveillance: Sales of all flu-related over-the-counter products are somewhat mixed, although an overall picture of increasing flu activity has continued. Over the past week, antifever medication, adult and pediatric cold relief products, cough/cold product, nasal product, and thermometer sales increased, while chest rub and electrolyte sales remained relatively constant. As demonstrated recently, sales of all over-the-counter products are decreased compared to last year at this time, as the rate of increase in flu activity was much greater during that period.

Sentinel Surveillance (as of February 9, 2006): During the week ending February 4, 2006, 1.6% of visits to sentinel providers were due to influenza-like illness (ILI). This proportion is increased over last week's 1.1%. By region, the percentage of visits for ILI was 0.5% in the North, 0.8% in the Southwest, 1.4% in the Central, and 2.3% in the Southeast. The increase in the proportion of visits due to ILI in the Southeast is almost entirely driven by a single practice reporting high rates.



Sentinel Laboratories: (as of February 9): Increasing positive reports are being submitted, findings are consistent with sentinel physician data, increasing trend, but not greatly.

Community or Facility-Based Outbreaks (as of February 9, 2006): No outbreak reports.

Influenza-Associated Pediatric Mortality (as of February 9; CDC data as of 1/28/06): MDCH is investigating one influenza-associated pediatric death in Region 2S; A/H3N2 was isolated, cause is still under investigation. Since October 2, 2005, CDC has received reports of 13 influenza-associated

Table 1. H5N1 influenza-avian: (latest graph update: January 26, 2006) Avian/poultry outbreaks are occurring in multiple countries, recent outbreak in a large commercial poultry layer flock in northern Nigeria.

Outbreaks of Avian influenza (type H5) (as of 08 February 2006)

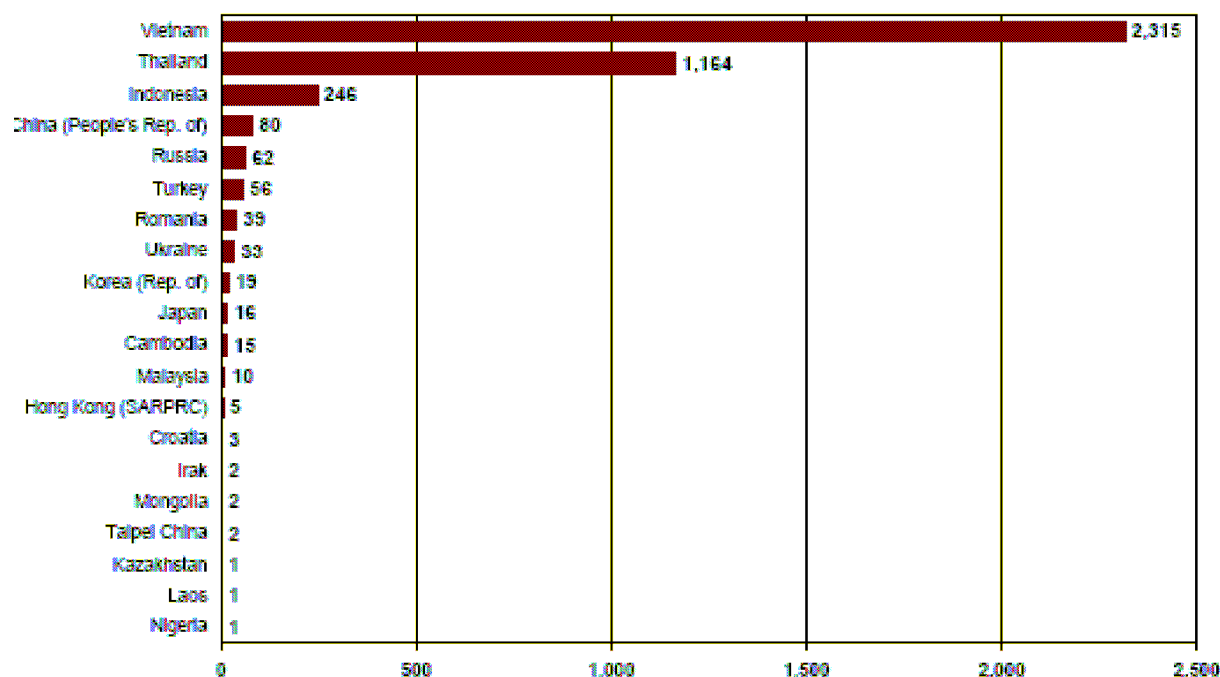


Table 2. H5N1 influenza-human: (February 6, 2006) A total of 165 lab-confirmed cases of human H5N1 from 7 countries being reported by WHO.

(Source: Downloaded 2/9/06 http://www.who.int/csr/disease/avian_influenza/country/cases)

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Cambodia	0	0	0	0	4	4	0	0	4	4
China	0	0	0	0	8	5	2	2	10	7
Indonesia	0	0	0	0	17	11	6	5	23	16
Iraq	0	0	0	0	0	0	1	1	1	1
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	21	12	165	88

Total number of cases includes number of deaths.
WHO reports only laboratory-confirmed cases.